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A CASE OF EXTRA-UTERINE FÆTATION.¹

BY J. L. HILDRETH, M. D., CAMBRIDGE.

Mrs. S., age thirty; born in Maine; married eleven years; general health always good; no severe sickness; no uterine disease; pregnant twice, both deliveries normal; oldest child nine years, youngest five, both living and well; family history good.

When she menstruated she always had a great deal of pain for the twenty-four hours before the show made its appearance; the time often varied three or four days, rarely more than that. Ten months previous she did not menstruate at all at the usual time, but the next month it was in every way normal. For this severe pain, which troubled her for the first twenty-four or forty-eight hours, she had for several years taken large draughts of an infusion of savin. From its use she was sure that the flow came earlier and the pain was lessened. I could not find out accurately how much she took, but judge from six to eight ounces of the infusion which she made, taking that quantity several times in the course of the day. I do not think her intent was to prevent pregnancy so much as to be relieved from pain.

June 5th, or thereabouts, she menstruated normally.

July 5th it was wanting, but without any discomfort or other symptoms which made her think she was pregnant.

Two weeks later the flow came on, and she thought nothing of it, except that it had been delayed for two weeks, just as before it had been postponed for a few days. Before it came there were the usual symptoms, — pain, backache, etc., — and she resorted to the savin, as was her custom. Menstruation continued a week, was less in quantity, and sometimes would be entirely gone for a greater part of a day. At the end of a week a clot came away, and with it something unusual. Upon examining it she found what she described to her husband as a piece of flesh.

From this she inferred that the cause of the two weeks' delay in menstruating the previous month was due to pregnancy, and that she was now all right, as she had miscarried. As far as the husband could

¹ Read before the Boston Society for Medical Observation, April 2, 1877.

remember, the scanty flow, the delay of two weeks in the time that it made its appearance, and the membrane found were the only things different from her usual menstruations.

From the completion of this supposed period of menstruation till August 13th she was miserable in many ways. Every few days she was troubled with colicky pain in the bowels. These pains she described as such as she would have from having taken a very active cathartic, and they often seemed to pass away after several free passages from the bowels. Her husband noticed that she had little appetite, that she lost flesh, and was fretful and easily disturbed. He suggested that for these bad feelings she should consult me, and told her he thought she was not well of her miscarriage. Some of these attacks of pain he said were very severe, not confined to any particular part of the bowels, not accompanied with vomiting, but almost always with faintness and loss of color, and whilst they lasted she kept the lounge, applied warmth to the bowels, and used hot ginger tea freely. But for all this she attended to her household duties as usual, and rarely if ever was absent from the table at meal-time.

Wednesday, August 11th, she had had more of these colicky pains than usual, and they had been followed or accompanied by such free purging that when her clothes were removed that evening, in preparing to go to bed, she called her husband's attention to the depressed condition of the bowels, and remarked that they were quite tender and sore upon the left side.

Thursday — the next day — she said how much better she was, and was inclined to attribute this to the free emptying of the bowels the day before. That night, upon retiring, she told her husband that she was never better in her life, as she had neither an ache nor a pain.

Friday, upon rising, she noticed a slight show, and said she was again unwell. She also remarked that it was strange it had come on this time without pain, as it had never done so before. During most of the day it was present; that night she slept well, and not till rising the next day, which was Saturday, did she experience any of those "unwell" pains which she usually had before and for the first few hours after the show came on.

During the day (Saturday) these unwell pains came to be so severe that she resorted to the savin. How much she took it is difficult to make out with any certainty. She said she made the tea extra strong, and took large draughts and took it often. The latter part of the day these pains were "terrible," as she described them, and when her husband returned from the office at night she told him she was "dreadful sick."

About seven o'clock, all at once she cried out with severe pain, pressed her hands upon her bowels, and fainted. Her husband got her

upon a lounge, sent for a physician, and I saw her about an hour afterwards. At that time she was almost pulseless; extremities cold; great pallor; she could talk but little, but said all the trouble was in the bowels. Stimulants were freely given, heat and friction were applied to the extremities, and one eighth of a grain of morphine was given subcutaneously. She gradually rallied, was somewhat relieved of the pain, and an hour later gave me a greater part of what I have related as the previous history in the case.

At that time I made a careful examination of the abdomen, and also examined her *per vaginam*. The abdomen was flat, but evidently contained considerable fluid. There was at this time a slight flow from the vagina, but by this examination alone I could not detect the presence of a fluid in the peritoneal cavity. The ovaries were normal to the touch; the uterus was not tender, and was movable. In fact, by the vaginal examination nothing was elicited that pointed to the source of the hæmorrhage.

From the sudden attack, the great pallor, the fainting, and the condition of collapse when I first saw her, I had no doubt that she had lost a great deal of blood. The physical signs upon examining the abdomen pointed to its being in the peritoneal cavity. Then the irregular menstruation, the colicky pains, and the supposed miscarriage indicated pregnancy of some kind as being more likely to be its cause than any other condition. Another physician saw her with me at about eleven o'clock, and confirmed my diagnosis that there was fluid in the peritoneal cavity, that the condition of the woman pointed to its being blood in all probability, and he also thought extra-uterine pregnancy was to be seriously considered.

These attacks of violent pain in the abdomen, with fainting, great pallor, feeble pulse, and general condition of collapse, continued at intervals of one or two hours until half past two Sunday morning, when death took place.

The latter part of the time she vomited a great deal, but the pain in the bowels was not so severe as at the first. Stimulants, heat, and morphine subcutaneously constituted the principal part of the treatment.

Autopsy, twelve hours after death. Body well nourished; rigor mortis moderate. Head and spinal cord not examined.

Lungs, heart, liver, and other abdominal organs healthy.

The peritoneal cavity contained, by estimation, three and three fourths quarts of clotted blood; peritonæum normal in color; right ovary and broad ligament healthy. The uterus measured three and three fourths inches in length by two and one half in breadth. Its cavity was empty; there was no mucous plug closing the cervical canal.

The left ovary was about two and one fourth inches long by one and one half in width, and one and one fourth from above downwards. Upon

its upper, inner, and posterior surface there was a rupture of its surface large enough to admit a small crow's quill. This upon opening being enlarged was found to contain a cyst-like body about three fourths of an inch in diameter. This sac was quite firmly attached to the substance of the ovary, and upon being removed presented a velvety appearance externally.

When this sac was opened it was found filled with a clear watery fluid, with a kidney-shaped body about three eighths of an inch long floating in it, and seeming to be attached to its walls.

The sac and kidney-shaped body were examined by the naked eye alone, as the only condition upon which an autopsy could be obtained was by promising that nothing whatever should be carried away.

That this kidney-shaped body within the sac which was removed from the substance of the ovary was a fœtus I have not the slightest doubt, but had it been examined carefully with a glass by an expert, and pronounced to be such, this confirmation would make the case a great deal stronger.

A CASE OF SOFTENING OF THE BRAIN.

BY EDWARD L. PARKS, M. D.

AN account of a case of brain softening, which ended a short time ago under my care at Mattapoisett, seems to me worthy of publication for several reasons, especially the youth of the patient, who was a young woman nineteen years of age, and the cause of her disease, — mental suffering and excitement dependent upon neglect and ill-treatment.

She was in childhood, according to her mother's statement, vigorous in mind and body. Her married sister and her brother are intelligent and healthy. Her life was somewhat irregular, and about two years ago she became pregnant by a young man who married her immediately upon the discovery of her condition. The child was born prematurely, after a fright, and did not survive. Dr. Sparrow attended her in her confinement, and about a year ago treated her for sleeplessness, which, he tells me, he relieved without difficulty. Some time after marriage her husband visited California, whence he returned with a gonorrhœa, and this he afterwards charged his wife with having communicated to him. Though living in the same town he refused to visit her. Her mother graphically describes her mental state during the last two years by saying, "Ever since her marriage she has been plagued almost to death." She was treated not long ago by an irregular practitioner of New Bedford for "retroversion of the womb." I have been unable to find a family history of syphilis, alcoholism, or insanity, and I believe her to have been free from them, for until after she came under

my observation, about ten days before death, she was never insane, though "not quite herself."

When called to visit her, early in the morning, I was told that she had not slept the previous week, and had taken very little food. Menstruation had ceased a few days before. She was restless to a degree, with hallucinations, and there were slight choreic movements of the right hand and foot. She recognized those about her, and answered questions correctly. Pupils widely dilated, pulse 120, small and weak. Formication and cutaneous hyperæsthesia distinctly marked. She was ordered to have immediately as much beef broth as she could be induced to take, and chloral, of which she received nearly a drachm during the forenoon without sleep. I wrote at the same time for a tonic of iron, quinine, and strychnia, and for bromide of potassium in solution, twenty grains to be taken every night at bedtime. At noon I gave hypodermically one fourth of a grain of morphia, and, word having been sent me that she slept, did not visit her again that day.

She was treated the first three days of my attendance by nourishing food, gentle alcoholic stimulation, and quietude, with opium and morphia given plenteously. She occasionally slept an hour or two at a time. I was hastily summoned early in the morning of the third day to find her maniacal. She was promptly quieted by inhalations of ether, and I decided to examine the womb carefully as soon as possible, to learn if there was any acute lesion therein to cause the insanity. The os was found to be highly congested and everted, and a sound entered with difficulty. Blood was taken freely by leeches, beside punctures, and scarification of the uterine canal, previously dilated. Nitrate of silver and hot astringent washes were afterwards applied. For about two days more the general treatment was unchanged, except that I was obliged to administer ether two or three times every twenty-four hours, especially early in the mornings and late in the afternoons. One afternoon her language suddenly became obscene, and the same phrases were repeated over and over again. The gravity of these symptoms induced me to seek professional advice, and Dr. F. H. Hooper, of New Bedford, kindly gave me much valuable assistance. I became assured that the case was hopeless as to saving life or sanity, and not dependent upon uterine disease.

Her family were unwilling to send her to an asylum unless I believed her curable. Frankly declaring my belief that her life would soon end, I consented to treat her at her home. She was fed by the mouth as long as possible with beef tea, ice-cream, and wine, and afterwards by the rectum. Morphia and ether were used with caution. Ice applied to the head was grateful. She died from asthenia, respiration becoming labored at the last.

Post-mortem examination was made twenty hours after death, in the

presence of Dr. Sparrow. Emaciation extreme, eyes deeply sunken, veins prominent, but no diffused discoloration. The cranial and abdominal cavities were examined. Brain and membranes tightly packed in their case; membranes congested. They were removed with great difficulty, the dura mater at the base of the brain being very dense, and the brain so soft as to break down at the slightest touch. The bladder was full of urine, and congested. Womb in normal position. Two serous sacs as large as peas were observed in folds of broad ligament. Internal os constricted. Os tincae and upper part of vagina blackened. Bowels distended with air, but otherwise nearly empty. Appendiculæ epiploicæ contained very little fat. Nothing else noteworthy about abdominal viscera. An examination of the spinal cord was not practicable. With this exception all the parts were examined which seemed to bear upon the case. The brain and membranes and uterus and appendages were removed for further examination, and were at once put into a mixture of alcohol and water, one part to three. The next day, on attempting to dissect the brain, it was found throughout to be so softened that its main anatomical relations were scarcely recognizable.

The uterus was two and a half inches long without, two inches within. Right ovary had at its summit a pouting cicatrix, and an incision through its substance showed Graafian vesicles nearly mature. The surface of the left ovary was smooth. It seems to me that in her case the ovaries acted alternately. The treatises on physiology which I have consulted are silent upon this subject, and I do not know whether there is any rule.

From the history of the case I am led to believe it to have been one of general red softening of the brain (Da Costa, Bauduy). The authors just quoted do not enter as fully as I should wish into the differences between red softening and atrophic or white softening, — brain necrosis of Niemeyer. Flint, in his systematic treatise on the Practice of Medicine, describes softening as Circumscribed and Inflammatory. But whatever the variety may have been, I am satisfied that the disease had made such progress when I was called to it that speedy death was inevitable.

RECENT PROGRESS IN OTOTOLOGY.¹

BY J. ORNE GREEN, M. D.

Inspection of the Naso-Pharynx from the Nostrils. — Although the inspection of the nose and naso-pharyngeal cavity through the nostrils has been used to a limited extent for many years, it has never obtained a very extended usefulness except in diseases of the anterior third of

¹ Concluded from page 504.

the nose. The condition of the naso-pharynx was considered to be much more satisfactorily determined by palpation with the finger or by rhinoscopy. The various specula for examining through the nostrils merely served to distend the opening of the nostrils and to show the first inch of the nose, except in a few rare cases of very large and very straight nasal passages, when sometimes a dim view could be obtained of the deeper parts of the nose and naso-pharyngeal cavity. Zaufal¹ now proposes to extend the method of examination through the nostrils by using long, straight tubes, which, being passed all the way into the naso-pharyngeal cavity, allow of a direct inspection of the different parts of that cavity. He does not claim for this method that it will supersede the already existing modes of examination, but merely that it is a useful, additional means of getting at the naso-pharynx for examination or operation, which may sometimes be used when the other methods are inapplicable, it being a well-known fact that there are cases in which it is impossible to get a rhinoscopic view, and also in which palpation does not give the desired information.

Zaufal's instruments consist of a series of five specula from 10 to 11.5 cm. long, made to nest together, and having a calibre from 3 to 7 mm. in diameter. The external end is funnel-shaped, resembling Gruber's ear-speculum, and the interior of the tube is polished for good reflection; they are made of silver or hard rubber, and in shape are round. For illumination of this tube the common laryngoscopic reflector is used, with either artificial or sun light. The patient is directed to hold the head erect, so that the floor of the nostril is horizontal, and the speculum is then introduced by a slight rotatory motion along the lower nasal passage till it enters the naso-pharyngeal cavity, its passage being watched through the tube. In addition to these specula Zaufal has also found other instruments necessary, — long, delicate forceps for wiping away secretion and blood, long probes, and for operations bi-valve specula which can be opened slightly. By this method he claims to have obtained satisfactory views in many cases of the mouths of the Eustachian tubes, of the naso-pharyngeal walls, and of the points of insertion of nasal and pharyngeal polypi, and has also made applications and performed operations. The advantages claimed for this method, besides being an addition to our means of examination, are that this gives a direct view of the parts examined, while rhinoscopy gives an inverse image; that the foreshortening of the rhinoscopic image is avoided; and that the movable parts, palate, mouths of the Eustachian tubes, and posterior pharyngeal wall, are seen in unimpeded action. It can also be often used in cases where rhinoscopy is impossible from extreme sensitiveness of the mucous membrane, from enlarged tonsils, from abscess, œdema, or emphysema of the soft palate, or adhesion of the soft palate to the posterior pharyngeal wall.

¹ *Archiv für Ohrenheilkunde*, vol xii., part 4.

Effect of Amyl-Nitrite on Tinnitus Aurium. — On account of the action of amyl-nitrite on the vaso-motor nerves, Michael¹ was led to try its effect in cases of tinnitus aurium. Of thirty-three cases in which it was used, more or less improvement was reported in nineteen; in three of these the tinnitus entirely disappeared from one ear; in four of the improved cases there was a decided gain in the hearing; of three cases of labyrinthine disease two were benefited. From one to five drops were used by inhalation, and the inhalation continued during the flushing of the face and injection of the conjunctivæ, but suspended on the appearance of vertigo. In all the cases which were benefited the tinnitus was increased during the inhalation, but as the flushing of the face disappeared it diminished and became less than before the application. The improvement was of variable duration from one hour, the shortest time, to three months, the longest.

These observations of Michael on the action of this agent upon tinnitus are partially confirmed by Weber-Liel,² who has tried it in a number of cases and in two obtained a decided improvement. In the first there was a marked improvement in the hearing but none in the tinnitus; in the other a diminution in the tinnitus but no gain in the hearing.

Urbantschitsch,³ who has also tried this remedy, has seen beneficial results from it in tinnitus, but calls attention to some unpleasant symptoms which can be produced. He has observed several cases in which vertigo continued for several hours after the inhalation, and one in which the inhalation was followed by collapse of some minutes' duration and by hemiplegia of a very short duration. On this account he advises the use of only one drop at first, either pure or mixed with alcohol, and held a short distance from the nose; after a few inhalations the application should be suspended, as the action of the drug increases for several seconds and may come on very suddenly. If no particular susceptibility is shown, the inhalation is continued till slowness of the pulse, dizziness, etc., are noticed. Repetitions of the application require the same cautions as at first, since it is found that the action on the same individual differs at different times.

Deformities. — Four new cases of malformed ears are reported by Bremer,⁴ one of which is of interest as it involved both ears and was associated with malformations, or rather defective development of the facial bones. In a boy of thirteen but a small portion of the helix and the lobules were present; the lower edge of the orbits was wanting, the zygomatic process of the malar bone was very short, and the zygo-

¹ Archives of Ophthalmology and Otology, vol. v., page 4.

² Monatschrift für Ohrenheilkunde, No. 3, 1877.

³ Wiener med. Presse, 1877.

⁴ Afttryk af nord. med. Archiv, vol ix., 1877. Monatschrift für Ohrenheilkunde, No. 9, 1877.

matic apophysis of the temporal was wanting, so that the temporal muscle was distinctly felt. The lower jaw was articulated nearly as far back as the mastoid, so that the existence of any meatus or tympanum seemed impossible, but it was asserted that the boy could hear loudly spoken words. Accurate tests of this fact were not, however, made.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL
OBSERVATION.

O. W. DOE, M. D., SECRETARY.

JUNE 18, 1877. *Anosmia following a Blow on the Occiput.* — DR. KNIGHT read a paper upon this subject.¹

DR. WEBBER remarked upon the extreme rarity of a fracture of the skull taking place anterior to the sella turcica; he said it usually passed through that portion. He had never seen a fracture which implicated the first pair of nerves, but as these are very soft they are more easily ruptured than any other nerves of the same size, and the fibres which pass from the bulb through the ethmoid are very readily torn off. He thought that in those cases of deafness associated with loss of smell, probably a rupture of these delicate nerves had taken place from the shock, or there had been a hæmorrhage which had torn them off. He doubted if the brain substance could be driven, to any great extent, over the rough surface beneath without causing marked lesion of the brain itself.

DR. KNIGHT said that in cases of recovery from anosmia, after fracture of the skull, the anosmia very likely depended upon hæmorrhage in the vicinity of the olfactory bulbs. In cases where the anosmia remained there may have been a slight fracture in the cribriform plate of the ethmoid, or a rupture of the nerves as suggested by Ogle.

Congenital Varus. — DR. BRADFORD showed a child about two years of age whom he was treating for congenital varus. When first seen, one year ago, the child was walking on the outer edge of the foot, each step increasing the deformity. After a month's treatment according to Mr. Barwell's method of elastic extension, the foot rotated, and the child now walks on the whole of the sole. There has been no relapse, although there has been no treatment for six months. For a safeguard and to correct a slight tendency of the great toe to drop inward, a light wearing shoe was applied and shown.

Caries of the Vertebrae. — DR. TILDEN showed a specimen of extreme caries of the vertebrae, and gave the following history of the case: The patient died at the age of seventeen. He was perfectly well and strong until eight months old, when he fell out of a baby carriage, striking his back upon a piece of board. Vomiting supervened, and from that time he was disinclined to bear his weight upon his feet. Three months later a prominence was detected over the spine. For four years after he was unable to walk, but from that time till he was thirteen years of age he remained in good health, and walked without

¹ See JOURNAL, vol. xcvii., No. 11, page 293.

difficulty. Then a swelling appeared outside the left buttock, which was tapped just behind the great trochanter of the left femur three times in nine weeks, and pus each time was withdrawn. After this he continued well for two years, acting as cash boy during that period. Two years ago last January pus again formed, acute inflammation of the sac followed tapping, and death ensued after a lingering illness marked by the formation of many successive abscesses and steady progress of the disease. At no time did he have pain in the abdomen, and there was never any paralysis.

DR. TARBELL, on examining the specimen, remarked upon the non-appearance of any attempt at repair, and also upon the fact that there had been no paralysis, although the bodies of five or six of the vertebræ were entirely destroyed.

DR. WEBBER drew attention to the fact that the cord remained unaffected, although there was so extensive disease of the vertebræ, and explained it by the free exit of pus preventing the spread of inflammation internally. He added that paralysis in these cases was due to inflammation and not to pressure.

DR. TARBELL said that Taylor, of New York, for the past fifteen years has treated caries of the spine by antero-posterior pressure, on the principle that the weight of the body may be borne by the articular processes, and this theory is now generally accepted. He called attention to the specimens in the possession of the Boston Society for Medical Improvement, which show disease of the bodies without its invading the transverse and articular processes, but said he had never seen a specimen showing disease of the latter without implicating the former. In the same museum are also several specimens of extensive caries of bodies of vertebræ without curvature or prominence of spinous processes, proving that the prominence, which is considered pathognomonic, bears no direct ratio to the extent of the caries.

Several gentlemen spoke of the marked illustration, by the specimen, of the fact that the paralysis frequently accompanying caries was caused by inflammatory affection of the cord and meninges, and not by mechanical compression of the cord.

DR. TARBELL thought the strongest argument against the belief in mechanical compression as the cause of such paralysis was the fact that the paralysis almost invariably occurs in the early stages of the disease when there is little or no deformity, while it often disappears as the disease progresses, although the angle of curvature may be steadily increasing.

DR. CHADWICK asked whether the articular processes had been destroyed by the disease in this specimen, saying that Dr. Freund, of Breslau, had several years ago read a paper before the German Society of Naturalists and Physicians in which he had demonstrated by diagrams and specimens, both normal and pathological, that the weight of the body does not rest chiefly upon the bodies of the vertebræ, as generally supposed, but upon the articular processes. As nearly all the weight of the body is in front of the supporting column, special provision had to be made to prevent anterior curvature. According to Dr. Freund's theory this is affected in two ways: first, the articular surfaces are assumed to be the fulcrum of a lever, the transverse and spinous

processes may be regarded as the arms, and are therefore bound together by ligaments and muscles to resist the weight of the body on the other side of the fulcræ; secondly, the action of these processes is thus supplemented by the bodies of the vertebræ and the intervening cartilages, which being interposed between the arms of the lever on the same side of the fulcræ as the weight, help to keep the first apart. If the bodies of the vertebræ are destroyed by disease, the column will not, according to this view, curve until either the articular surfaces are attacked by the disease, or the ligaments and muscles uniting the spinous processes have yielded to the force of the weight which they are thus called upon to support, unaided by the bodies of the vertebræ on the other side of the fulcræ. Dr. Chadwick said he was unable to recall all the evidence offered in proof of this theory, but it had seemed quite convincing when he heard it from Dr. Freund seven years ago.

DR. PORTER said that Dr. Taylor so arranges his mechanical appliances as to throw the weight of the body on to the articular processes and not the transverse, as they are very rarely affected by the disease. In the specimen before the society the articular processes are apparently intact on both sides. He added that we always have an angular curvature whenever we find the bodies diseased.

DR. BRADFORD remarked that there was a general impression in the profession that paralysis in caries of the spine was due to the contraction of the canal from the deformity. The specimen showed how a marked deformity might exist without any material narrowing of the spinal canal.

DR. PORTER referred to the fact that physicians very frequently overlook the initial symptoms of spinal disease, and called particular attention to the *gastralgia* and peculiar gait which are noticed in the earliest stage of the disease. In stooping the patient bends the knees and not the back. The *gastralgia*, Taylor says, is as important in forming the diagnosis as pain at the end of the penis is for stone in the bladder, or pain in the knee for hip disease.

DR. BRADFORD mentioned that a peculiar grunting respiration was very characteristic of commencing caries of the spine in the cervical and upper dorsal region.

OCTOBER 1, 1877. *Injuries inflicted by Electrical Treatment.*—DR. LINCOLN read a paper upon this subject.¹

DR. WEBBER said that his experience in the use of electricity coincided with that of Dr. Lincoln. He had met with some few instances of spinal disease where its use proved decidedly injurious. In a case of extreme nervous prostration it caused alarming exhaustion; in one case of cerebral disturbance it produced nausea and vertigo to such an extent that it had to be omitted after two applications; in a case of aural disease the tinnitus disappeared after the use of a strong current, and even when the strength of the current was later increased, the deafness also disappeared. One lady after the use of electricity found that she could dance round dances without becoming dizzy; before that she had never been able to do so. A patient, previously treated by a woman, was found to have ulcers along the spine from occiput to sacrum; in

¹ See JOURNAL, vol. xcvii., No. 17, page 463.

another case treated by a woman the exhaustion was so great that the patient was obliged to stop at a friend's house. Subsequently an extremely mild current was used by Dr. Webber with decided benefit.

DR. MINOT said, in reference to Dr. Lincoln's second case (spinal asthenia), that it seemed to belong to a class which was very frequently met with in practice, although but little could be found in the books concerning it. It was commonly called nervous asthenia, but one of the most prominent symptoms was muscular debility, which precluded physical exertion, mental effort also being followed by exhaustion in many cases. He was inclined to think the seat of the disease might be in the ganglionic portion of the nervous system. Although most frequently noticed in females, it was occasionally met with in males. Without denying the beneficial effects of electricity when intelligently employed in certain cases, he thought this treatment was in most cases inferior to that by internal remedies, of which phosphorus in some form had seemed to him to be of decided advantage. He usually began by giving the syrup of lactophosphate of lime followed by the dilute phosphoric acid, or the phosphide of zinc; after several weeks, sometimes months, these were followed by phosphorus in pills, in the dose of one sixtieth of a grain, gradually increased to one thirtieth of a grain three times daily. In some cases the improvement from this treatment was decided, and in several instances the patients were so satisfied of the value of the pill that they continued to use it occasionally after recovery, on the recurrence of any of the former symptoms. Of course, the strength of the patient must be at the same time improved and maintained by cod-liver oil, iron, and other tonics; and absolute rest in bed for a long time is an important element in the cure.

Repeated Passage of Gall-Stones; Dilated Bile Ducts; Death from Cerebral Hemorrhage. — DR. CUTLER showed a specimen of dilated bile ducts, and gave the following history of the case:—

Mrs. L. C., eighty-four years of age, was very well until twenty years ago. At that time she had an attack of acute rheumatism which confined her to bed for a few weeks. Ten years ago she had incomplete hemiplegia of the left side, which soon passed away, leaving her as well as ever. For several years before this she had been regarded as dyspeptic on account of occasional pain located in the epigastrium, which was apt to come on some time after meals. It was of a rather sharp character, and sometimes accompanied by vomiting. The paroxysms of pain gradually became more severe, and were of several hours' duration, so that about six or eight years ago she consulted a physician, who treated her with sulphate of morphia and camphor water (one eighth of a grain to a drachm). As this gave her ease she kept the combination by her and made frequent use of it till I saw her, one and a half years ago. At that time she was very thin, shallow, easily excited, and at times quite childish. Her peculiar manner and appearance led to very careful inquiries, which developed the fact that she not only often used morphia and camphor water, but also took paregoric. The tongue was clean, lungs normal, pulmonic second sound of the heart accentuated, first sound somewhat prolonged at the apex, no murmur, no thrill on palpation. There was no tenderness of the abdomen, and for some time the appetite and di-

gestion had been good. Bowels were regular, sleep natural. Several weeks afterwards I was called to her, and found her in bed with an elevated temperature and an expression of dejection on the countenance. I was told that the day before, at ten A. M., after no especial change in her mode of life, she had been suddenly attacked with severe lancinating pain in the epigastrium, which extended towards each side, and was followed by vomiting. Heat and pressure had given relief after an hour or two, though a soreness, and especially a tenderness, remained at the seat of pain. The tenderness was rather more marked on the right of the epigastrium. Bismuth and morphia gave relief. Little food was taken for several days, for fear of bringing back the pain. Several such attacks occurred after varying intervals, and sometimes the symptom of jaundice was added, so that the diagnosis of biliary calculi was made. For the past six months she had been much better, had suffered no attacks of pain, and had increased much in flesh. Last Saturday I was called to see her very early in the morning, but found her dead on my arrival. I learned that at ten o'clock the night before she had fallen on the floor, and had lost control of the left arm and partially of the left leg. The consciousness was dulled, and vomiting occurred; in a few minutes she rallied, and accurately described her sensations in the leg and arm, which still remained paralyzed. Shortly after this she fell asleep, and appeared to rest well till early in the morning, when her stertorous breathing alarmed her attendants, so that they sent for me.

At the autopsy there was much congestion of the posterior portion of the lower lobes of both lungs, and some of the upper. There were quite a number of small ecchymoses on the heart and pericardium. The heart was large, its left ventricle in a state of hypertrophy, the posterior segment of the mitral valve very much shortened and thickened, and the aortic valves adherent at their edges, producing a very slight stenosis. There was a very large patch of perisplenitis on the atrophied spleen. The liver was atrophied, and the gall-bladder invisible till the adherent mesocolon and transverse colon were cut away, when it was seen to be flattened and distorted by contracted connective tissue. On opening the duodenum the papilla of the common duct was very prominent and its orifice enlarged. On opening the common and hepatic ducts they were very largely dilated, and the gall-bladder flattened and contracted by cicatricial tissue, and contained only a little bile-stained mucus. The bile-ducts were much dilated, even to their utmost ramifications, and except that here and there small calculi were seen they were empty. There was much increase of the connective tissue around the ducts, which had gone on to contraction and produced atrophy of the liver. The other organs were not especially remarkable. The brain was not examined. There must have been an impaction for a very long time to have produced the dilatation and subsequent inflammatory thickening.

Obstruction of the Common Duct depending upon Hardening of the End of the Pancreas. — DR. ELLIS showed a specimen in which the effects of obstruction of the common duct were still more striking than in that shown by Dr. Cutler. The obstruction depended upon a hardening of the end of the pancreas. The patient was a woman seventy-two years of age, who for five months had had pain in the left side of the epigastrium, which was at times

somewhat tender. During this time the skin was of a deep yellow color, the dejections were very light colored, rarely approaching yellow, and the day before death resembling coagulated blood. The urine was of a very dark color. There was much trouble from vomiting during the last six or eight weeks, the vomited matter at first being light and frothy, but in the last four weeks dark brown. She was perfectly conscious until a few minutes before death.

The liver was of a dark green color, and so friable that it broke down with slight compression, and felt like the crepitating cellular tissue in emphysema. Projecting from the surface were low elevations, perhaps of a quarter of an inch in diameter, of a darker color than the rest of the organ, and very soft to the touch. These proved to be atrophied and dilated portions of tissue, resembling the prominences of pulmonary emphysema. The tissue was even so soft that it could be washed away like the pulp of the softened spleen. The bile ducts were very much dilated, the smallest ones with the atrophied hepatic tissue hanging in tufts from the others. After washing, there remained of the tissue of the liver something resembling the villusities of the chorion. The gall-bladder was distended by dark green bile, and contained ten or twelve blackish gall-stones about a quarter of an inch in diameter, with many projecting points. The pancreas was enlarged and very firm, and had caused an obstruction by compressing the common duct near its opening into the intestine. The duct was much dilated. A microscopic examination of the hardened tissue did not show any special change in the elements. Both kidneys were tinged with bile and had a fatty appearance. The tubuli contained much fatty and granular matter. The large intestines held a large quantity of dark, thick fluid, which looked like blood mixed with the contents of the intestines.

Fracture of the Neck of the Femur within the Capsule. — DR. HILDRETH showed a fracture of the neck of the femur within the capsule, and referred to the injury which might be sustained in such cases from a prolonged examination under ether.

OCTOBER 15, 1877. *Fracture of the Skull.* — DR. MARION reported two cases of fracture of the skull, which are reserved for publication.

Aneurism of the Aorta. — DR. CUTLER showed a specimen of a cylindrical aneurism of part of the ascending, the whole of the transverse, and a part of the descending aorta. The aneurism was adherent to the left lung, and had perforated it by an orifice nearly admitting two fingers. The visceral pleura was stripped up for a space two and one half inches wide and five inches long, from the edge of this rupture, and perforation had again taken place into the pleural sac, so that blood was poured into the lung and into the pleural sac at the same time. The pleural sac was nearly full of clots and serum. The aorta showed extensive chronic endarteritis. The left ventricle was hypertrophied and dilated, the latter condition predominating. The cesophagus had been compressed over a space three inches long, which had given rise to dysphagia. None of the other organs had suffered compression. There was no erosion of the sternum, ribs, or vertebræ. The aneurism in its largest part was somewhat larger in circumference than the fist.

DR. MORRILL gave the following history of the case: The patient, aged

fifty-five, was under his care in August, 1870, for injuries received from falling into the hold of a steamship. He was confined to his bed some time, but no fracture of the ribs was detected. In March, 1875, he was knocked down by a cask, and received a severe contusion about the junction of the upper ribs and the sternum. A severe scalp wound, followed by erysipelas, confined him for some time to the house, after which he kept about his work until July last, when a severe pulsation in his left chest and paroxysms of pain compelled him to desist. He saw him on July 28th, at which time his symptoms had existed with greater or less severity for five months. His condition at that time was as follows: a pulsation was distinctly visible in his left chest, about the second and third intercostal spaces. This region was dull on percussion. The heart was enlarged, and the apex beat displaced some three inches below the nipple. Two blowing sounds were heard over the seat of the pulsation, the diastolic being decidedly the louder. Both of the sounds were more distinct than those of the heart itself. There was some difficulty in swallowing. No difference in the beat of the radial arteries could be detected, nor were there any symptoms pointing to the larynx or the brain.

Spindle-Cell Sarcoma of the Choroid. — DR. WADSWORTH showed two tumors of the choroid consisting of spindle-cell sarcoma. The first tumor contained scarce any pigment. The patient, a woman of middle age, accidentally noticed loss of sight in the eye two and a half years ago: one and a half years ago there was an inflammatory attack lasting a month, and she entered the hospital on account of another attack of inflammation, the pain attending which had considerably reduced her strength. The anterior chamber was shallow, the iris a little discolored, the pupil large, but closed by an opaque lens. There was moderate congestion of the globe; a little above the edge of the cornea were two small staphylomata of the sclera. No view of the fundus could be obtained, and no definite diagnosis made, but enucleation was indicated in any event to avoid recurrence of inflammation and pain. The eye was found about one third filled by the growth.

The second tumor was removed by Dr. Shaw. The patient, also a woman, had been treated for several weeks by the recumbent posture for separation of the retina, in New York, a year and a half ago. The eye remained quiet for some time; but latterly had become inflamed, and, a tumor being suspected, was removed. This tumor was smaller than the other, and for the most part very strongly pigmented. It presented a condition certainly very rare, that is, in the midst of the melanotic growth lay an oval mass, the size of a small pea, which was entirely without pigment. This white nodule was made up of spindle cells of the same size and shape as those of the dark growth about it, yet the transition from pigmented to non-pigmented cells was quite sharp and abrupt. At one edge of the main tumor was another non-pigmented portion which extended as a narrow band for some distance into the choroid.

Dr. Wadsworth again referred to the fact, as shown by the first of these cases, that the disease may progress so far as to cause complete or nearly complete loss of sight before the patient is aware of any trouble.

Tuphlo-Enteritis with Perforation of the Appendix Vermiformis. — DR. FITZ showed a specimen of tuphlo-enteritis with perforation of the appendix

vermiformis at the upper part; the lower portion was gangrenous, and contained a round faecal concretion of the size of a dried pea. Acute general peritonitis had resulted, the intestines being glued together and to the omentum by recent fibrinous adhesions.

DR. SWAN gave the following history of the case: The patient, a gentleman thirty-eight years of age, died on the 12th of the present month. Four weeks previously he was attacked with diarrhoea, which soon ceased but returned two weeks later, and from that time he suffered occasionally from a subacute pain in the abdomen, attended with a desire to go to stool. He continued at his business daily until the 10th, when at two A. M. he was awakened by intense persistent pain referred to the epigastrium, and attended with embarrassed respiration. A few hours after, the pain became general over the whole abdomen, but later was again severest at the epigastric region. His general condition became rapidly worse. Opium gave only temporary relief, but ether administered once fully, twelve hours before death, relieved the pain completely. In the course of the last twenty-four hours of life there was some vomiting of bilious matter, a clammy skin, and a continuance of the thoracic respiration, and, during the last twelve hours, cold and wet extremities with absence of the radial pulse. Decubitus was throughout upon the right side. A remarkable feature of the case was the alarming comfort of the patient on the morning of the 10th with no corresponding evidence of improvement.

DR. BOLLES referred to the case of a gentleman who died recently after from three to four days' illness. He was attacked with severe pain at the epigastrium, attended with vomiting, marked prostration, and all the symptoms of acute peritonitis. At the autopsy, which was made by Dr. Bolles, the case not being his, the vermiform appendix was found very much swollen, and containing two or three faecal concretions, with a slough at its base as large as a nickel cent, and a perforation. There was also peritonitis.

Dr. Bolles remarked that various seeds and cherry-stones are said frequently to be found in the appendix vermiformis, but in his experience faecal concretions resemble very closely these foreign bodies, and might easily be mistaken for them. He had found one cherry-stone in this situation, but in several other instances the concretions looked so much like cherry-stones and orange-seeds as at first to be considered such.

DR. BROWN gave the history of a case in his own practice which closely resembled that cited by Dr. Swan. The patient, a book publisher, about thirty years of age, after an active day had eaten a meat supper at seven o'clock, and was attacked with severe pain at the epigastrium while at a concert in the evening. At ten o'clock his symptoms were those of indigestion, and were relieved after the subcutaneous injection of morphia once repeated and the vomiting of undigested food. He had for some years had chronic diarrhoea at intervals. At the first visit there was no pain or tenderness other than at the epigastrium. In the morning he was better. The following evening some tenderness was noticed about the caecum. He was seen again during the night, and still complained of pain at the epigastrium, and slight pain over the caecum. There was no marked tenderness, though some little tumefaction

of the abdomen. No marked variation of the pulse or temperature from that of health at any time. In the morning he was again better, but at noon, without unusual exertion or other known cause, he became collapsed, mildly delirious, and died at four P. M.

At the autopsy the cæcum was found entirely healthy; the appendix was much thickened throughout, and showed evidence of old inflammatory action. It was agglutinated to the cæcum. About an inch from the opening into the cæcum was a rupture about a line in diameter. Two ounces of pus were found in the peritoneal cavity, and a fecal calculus, laminated, but without nucleus, in the appendix.

Intussusception of the Bowels. — Dr. C. P. Putnam showed a specimen of intussusception of the bowels, such as often occurs in children either at or perhaps immediately after death. He remarked that it occurs in various diseases whether death is accompanied with distress or is easy, but is not found when the bowel is distended with gas.

Danger of Surgical Interference in Cases of Diabetes. — Dr. BOWDITCH mentioned the two following cases reported to him by Dr. Atlee, of Philadelphia: The first occurred in Dr. Atlee's practice many years ago, being that of a man affected with diabetes, who had also an old cicatrix on his great toe, caused by stepping upon a sickle many years before. This opened of itself, and was lined with a tough, white, and granular concretion. Various remedies were used for a long time without benefit. Finally he consulted Drs. Pepper and Gross, and they advised amputation of the toe, which was performed. Dr. Atlee had always feared to have the operation done, owing to the liability to unfortunate results from operating upon diabetic patients. Erysipelas supervened, and the patient died.

The second case was that of a man who came to him with a fistulous opening on the great toe, in about the same place as the first case, and lined with the same singular secretion. There was no general disturbance of the system, but remembering the first case Dr. Atlee examined his urine, and found a large amount of sugar. Under the use of skim milk exclusively the diabetes was relieved, and the fistula healed. There was no communication with the joint. He had never received any injury.

ZIEMSEN'S CYCLOPÆDIA, VOLUME XVI.¹

THE present volume contains papers by Senator on rheumatism, gout, rickets, and malacosteon; Seitz writes on slight troubles arising from catching cold; Immermann treats of anæmia, chlorosis, and pernicious anæmia, beginning with a paper on the general disorders of nutrition. He also writes on corpulence; Birch-Hirschfeld discusses scrofula and disease of the lymphatic glands; and Senator closes the volume by articles on diabetes mellitus and insipidus. The volume appears to us less satisfactory than its predecessors. It contains, no doubt, a vast amount of information, but there is, perhaps inevi-

¹ *Diseases of the Locomotive Apparatus and General Anomalies of Nutrition.* New York: William Wood & Co. 1877.

bly, a great deal of compilation and, it seems to us, less originality than usual. It is unfortunate that Senator's article on rheumatism was written before the treatment by salicylic acid was introduced, and therefore the only mention of this important drug is in a note by the translator, Dr. E. Buchanan Baxter. We looked forward with some interest to learning about "catching cold," our old friend the aetiological scape-goat, but we do not find ourselves any the wiser for it. The article on corpulence is much too long, being full of digressions, but near the close it contains some very good suggestions concerning the treatment of disease in the corpulent. Senator's paper on diabetes mellitus appears to us very excellent.

SOZINSKEY ON BEAUTY.¹

WE have derived much amusement from the perusal of this little work. The author sees no reason why every one should not desire to be beautiful, and after describing beautiful proportions and features he kindly gives instructions how to obtain them or, if better may not be, to conceal the imperfections of inferior ones.

We pass over the proportions of the male and female figure, merely remarking that our author is in error in exacting absolute symmetry of the two halves; it very rarely occurs, and we doubt if it is an element of beauty. The author's lights on the personal appearance of distinguished persons appear to be exceptional, and we are rather startled at some of his deductions from them. Let us give a couple of instances: "It may not be out of place to state that if the figure is what it should be the line of the spine is straight, or, in other words, there is no lateral curvature. A deformity of this kind is very ugly, uglier if possible than a bend forward. Alexander the Great was not as beautiful as Richard the Third." Again we are told that thinness is worse than fatness, and thus that Prince Henry was uglier than Falstaff. The author evidently believes in phrenology, and after speaking of the several regions of the head gives the following advice, which alone is worth several times the price of the book: "In a woman it is very desirable that the regions of perception, of the moral qualities, of the intellectual sentiments, and of the domestic propensities should be well developed. When these are defective and the other regions full, we advise lovers to look out, for there is danger ahead." We must protest, however, that if this is the case it is very unfair on the part of Dr. Sozinskey to give directions for concealing natural defects. His advice concerning ears is, as far as we know, original: "What shall we do with an ugly ear? If possible, do not show it to anybody. It is often caused to project by turning it forward and resting on it at night. By keeping it bandaged in the desired position nightly it will soon retain it in most cases, but if it does not, recourse may be had to another expedient, and that is contracting the skin and scalp behind, which can be done by the skillful use of blisters. Its shape, in detail, may be modified in the same way." We regret that we have no space for the author's very judicious advice on the

¹ *Personal Appearance and the Culture of Beauty, with Hints as to Character.* By T. S. SOZINSKEY, M. D. Philadelphia: Allen, Lane, & Scott. 1877.

choice of ear-rings. We think he cannot have read *Midshipman Easy*, or he would have been obliged to give some credit to Captain Marryat in the following passage: "An interesting and most important question is here suggested, and that is whether or not in modifying the shape of the skull we also modify the mind. Now from the fact that the brain, like every other part of the body, grows most in the line of least resistance, and least in the line of most resistance, and also on the principle that the size of the brain determines the amount of mind, we have not the slightest doubt that the question may be answered in the affirmative. . . . We have no doubt that if the brain is prevented from rising in the middle and upper portion the person will be lacking in moral instinct, and unless the reason is strong or the circumstances such as to keep him in the path of right the record of his life will be unsavory." Dr. Sozinskey would apply similar treatment to the nose: "Some people jest at the idea of a nose-machine, but we see no reason why there should not be one, or why it might not prove useful. Two little splints arranged in the form of a saddle and bound on the nose nightly soon transform acceptably those tip-tilted affairs which mar so many faces."

The riches of the book are by no means exhausted, but though unwilling to stop we feel that we have already given too much space to its discussion. We cannot conscientiously say that it is valuable, but it certainly is very entertaining.

TANNER'S INDEX OF DISEASES.¹

THE second edition of this valuable compendium contains a great amount of information arranged within a moderate compass and in a convenient form for reference by the busy practitioner for whom it is intended, or the hurried student by whom, no doubt, it will be much consulted. It has been revised throughout in accordance with recent advances in medical knowledge, and will be found to supply with sufficient accuracy many of the details which the memory fails to carry. Toward the end we have a large number of formulæ for aliments, baths, medicines, etc., with fuller descriptions of some of the more important therapeutic preparations and appliances, and at the close a brief account of many of the British and Continental watering-places and climates.

TOLAND'S SURGERY.²

THE lectures of which this book is composed are not from the pen but rather from the lips of the author, being taken by a stenographer in attendance upon the course delivered before the class. They represent the experience of a man who evidently holds a prominent position as a practicing sur-

¹ *An Index of Diseases and their Treatment.* By THOMAS HAWKES TANNER, M. D., F. L. S. Second Edition. Revised by W. H. BROADBENT, M. D. Philadelphia: Lindsay and Blakiston. 1877.

² *Lectures on Practical Surgery.* By H. H. TOLAND, M. D., Professor of the Principles and Practice of Surgery in the University of California. Philadelphia: Lindsay and Blakiston. 1877. Pp. 506.

geon in his own city, and who is in possession of abundant material to illustrate his teachings, which, as might be expected, are largely clinical. The various departments of surgery receive, however, their share of attention, although quite unequally. The book is doubtless a fair sketch of the instruction in surgery which San Francisco medical students have during a winter's course, and is interesting to surgeons generally as a "mirror," we presume, of Pacific surgical practice. It has a large number of illustrations, many of which, however, seem to us superfluous. The book is printed in the publishers' usual careful style.

HUTCHINSON'S PLATES.¹

VARIOUS fractures of the skull form the subjects of the illustrations of this fasciculus, and make it an unusually interesting one. The cases of trephining for depressed fracture give the author's views on this subject and his method of operating, which is somewhat novel. The plates are wonderfully clear drawings, and as satisfactory pictures of this class of injuries as we remember to have seen.

THE PENGE MURDER.

THIS remarkable case, which has caused the most intense excitement in England, may be considered as completely closed; the four prisoners had been found guilty of murder in the first degree and condemned to death; subsequently the sentences of three have been commuted to imprisonment for life, and one of the women has been pardoned. The medico-legal questions involved are of the greatest importance, and it is to discuss them that we take up the subject. The outlines of the melancholy story are as follows: Louis Staunton, an artist of respectable connections, had married a woman of weak mind twelve years older than himself, apparently for her money. A child was born, and died under circumstances which we believe were thought suspicious. The marriage was of course unhappy, and Louis Staunton contracted an intrigue with Alice Rhodes, the sister of his brother Patrick's wife. These two men and two women were accused of having compassed the death of Harriet Staunton by starvation and neglect. She was kept closely confined, and no physician was called in till in April last, just on the arrival of the family at Penge, whither they had moved, Mr. Longrigg was summoned. He found the patient perfectly insensible, with a weak pulse of 110, and labored, stertorous breathing. The right pupil was dilated and the left contracted to a pin's point. The arms were rigid. In a few hours she died, and Mr. Longrigg gave a certificate of death from apoplexy and cerebral disease. Why he specified apoplexy we do not pretend to understand. Suspicious circumstances coming to light, a post-mortem examination was made six days later in the presence of

¹ *Illustrations of Clinical Surgery, consisting of Plates, Photographs, etc., with Descriptive Letterpress.* By JONATHAN HUTCHINSON, F. R. S. Fasciculus VIII. Philadelphia: Lindsay and Blakiston. 1877.

several medical gentlemen, of whom at least one was there on behalf of the prisoners. It was decided that starvation was the cause of death. As the detailed account by Mr. Longrigg of the autopsy is rather long and contains chiefly negative statements, we copy from the *Medical Examiner* the following summary, which is on the whole a very fair one; the only criticism we have to make is that it assumes that the bronzing found on parts of the body, which is said to occur in starvation, was due to dirt. The appearances "were mainly an extreme emaciation of the body and a filthy state of the integument and its appendices, whilst the body was covered with vermin. On opening the head there were found adhesions between the cranium and dura mater, and the dura mater and pia mater, and a supposed tubercular substance upon the membranes of the brain. The brain itself is said to have been remarkably firm (seventh day after death), and no serum, lymph, or blood was found in its ventricles; the vessels were stated to have been greatly congested. There was great atrophy of the internal viscera, which, with the exception of the lung and stomach, presented no other change. At the apex of the left lung was found a tubercular deposit about two inches square. The stomach, which contained about four or five ounces of undigested food, was congested, especially along its lesser curvature. The intestines contained no food or fecal matter. The peritonæum is said to have been slightly inflamed."

We cannot go into the general evidence; suffice it to say that there can be no doubt that the accused desired Mrs. Staunton's death, and at least treated her with criminal negligence, but according to all accounts it was the medical evidence which caused the conviction of all the prisoners. There is a vast deal to be said on both sides, but we have come to the conclusion that unless the intention of killing could be proved beyond all question, which apparently was not done, the post-mortem appearances did not warrant a conviction. On the other hand we cannot go so far as the *Medical Times and Gazette*, which asks what inference would have been drawn from the autopsy had there been no previous history whatever, and replies to its own question that "it is hardly possible to arrive at any other inference than that the actual cause of death was tubercular meningitis; . . . true, again, the emaciation may have been due to want of food. But such emaciation has been known, as we have said before, when the supply of food has been unlimited, and when it has even had to be forced on the patient." To this it is answered that tuberculosis was not sufficiently advanced to cause death, as but a very small part of one lung was affected, and as the suspicious bodies in the meninges were not very numerous. In the words of the official report, "there were some small patches of rough millet-seed-like deposit in the meshes of the pia mater, probably tubercular." Dr. Paine, in a letter to the *British Medical Journal*, asks who will assert how many tubercles will cause death, and the question is, of course, unanswerable; but we do not think Mr. Longrigg was in error in not ascribing death to that cause. It certainly might be argued that the state of neglect in which the victim was kept was most favorable for the development of tubercle. The remarkably firm condition of the brain so long after death is extremely suggestive of disease, and the inequality of the pupils before death is suspicious though, under the circumstances, a symptom of no great value. The brain

and membranes should have been examined microscopically. In favor of the theory of starvation the utter emptiness of the alimentary canal, except for the undigested food in the stomach, is a very strong point. Emaciation might come from other causes, but the total absence of feces in the intestines is hard to account for except on this theory.

This trial illustrates the difficulties of medical expert testimony in cases where it is not merely corroborative but of primary importance. The signs of starvation are mostly negative, and it is so rare a cause of death that few men have seen enough cases to be able to testify to the relative importance of different points, or to state how widely the appearances may vary. The autopsy here showed nothing inconsistent with starvation and much confirmatory of it, but in the absence of other conclusive evidence that Harriet Staunton was starved, it would not, in our opinion, justify a conviction of murder in the first degree.

VACCINATION.

THE recent report of Dr. Meares, the health officer of San Francisco, gives some account of the late small-pox epidemic in that city, and discusses the vexed question of bovine *versus* humanized virus. The first case of small-pox was reported on May 19, 1876, and from that date till July, 1877, there were one thousand six hundred and forty-six cases and four hundred and eighty-two deaths reported. Many cases and some deaths were no doubt concealed by the Chinese, concerning whom Dr. Meares uses very intemperate language. When the panic became general, vaccinators were appointed, and bovine virus was procured from the Eastern States. Of the effects of this virus Dr. Meares speaks in the highest terms. At times he is rather unintelligible, as when he says: "Even when the period of incubation has been going on for several days, the disease has, in every case coming under my observation, been rendered entirely harmless by vaccination with bovine virus." What, we would ask, does "entirely harmless" mean? Further on Dr. Meares announces the following propositions:—

"First. I believe the bovine to be more vigorous than the humanized virus.

"Second. My experience and observation teach me that humanized virus deteriorates.

"Third. It is proven beyond contradiction that humanized virus may convey syphilis.

"Fourth. It is certain that bovine virus is protective against an attack of small-pox.

"Fifth. It is certain, in my estimation, that bovine virus conveys no disease.

"Sixth. Vast numbers of intelligent persons are prejudiced against and oppose vaccination because of the known fact that humanized virus has conveyed syphilis. The introduction and use of bovine virus is rapidly removing this prejudice and opposition."

The first proposition is simply an indefinite assertion; the second we will

discuss later; the third can hardly be questioned; the fourth is too strong, for even the disease itself does not make another attack impossible; we are not inclined to dispute the fifth nor the sixth after striking out the word "intelligent." The point which it is of paramount importance to settle is whether humanized virus has lost its original virtue. Dr. Meares quotes from the report of the health officer who served in 1868 and 1869, to prove that vaccination was of very little service in the severe epidemic of those years, during which the humanized virus was used. This certainly is a very important fact, but it is dangerous to generalize from insufficient premises, and we have no means of knowing what agencies were at work to produce the fatality of that epidemic.

It would appear that the views of Dr. Meares have not been universally accepted in his own State, for in the October number of the *Pacific Medical and Surgical Journal* there is a paper by Dr. A. H. Agard, who takes the opposite side on the question at issue. He does not present anything new, but quotes from a number of excellent authorities to prove that humanized virus does not, or at least does not always, deteriorate. This whole question rests largely on assertion, and so abounds with causes of error that the utmost caution is necessary in its discussion. It certainly appears to us plausible that humanized lymph should in the course of time lose its power, and we do not doubt that in some cases it has; but is this due to accident or to carelessness, or is it the inevitable course of events? This is the question, and it is still an open one.

MEDICAL NOTES.

— William Whitelaw, M. D., gives to *The Lancet* for September 29, 1877, the particulars of a case of anuria, lasting twenty-five days, the patient then recovering. The points of interest are summarized as follows: (1.) Twelve days elapsed from the date of taking scarlatina (which was of a very mild nature) till the suppression took place. (2.) With the exception of two ounces passed on the thirteenth day, there was complete anuria for twenty-five days. (3.) Except slight headaches, and latterly slight œdema, there were no uræmic or dropsical symptoms throughout. (4.) There was no albuminuria and no febrile action. The kidneys seem to have been in a state of torpor, and their work must have been carried on by the bowels, skin, and to some extent by the lungs. (5.) It is hard to say what share the treatment had in the final happy result. Vesication at first seemed beneficial, but a second trial had no such effect. Then one drachm of urine was passed before the application of the battery, and therefore credit cannot be entirely due to it. Probably ceasing diaphoretics and purgatives, and thus throwing the entire duty of excreting urea on the kidneys, was the best line of treatment that could be adopted, although at first sight a somewhat risky proceeding.

— Dr. J. Dubrisay details a case of intermittent fever occurring with perfect regularity in a child fourteen months old. The attacks were present eleven days in succession. There was no splenic tumor. The case was complicated

by broncho-pneumonia, which obscured the diagnosis at first. In sucklings the intermittent attack often manifests itself in convulsions, and the regular type is not always so sharply defined as in the case reported, and especially the distinct division into stages is wanting.

— We learn by a recent exchange of the death, on September 25th, of Professor C. A. Wunderlich, of Leipzig, so well known from his work on Medical Thermometry. His affection was carcinoma of the retro-peritoneal glands, which he is said to have diagnosed on himself in his clinic in 1876.

— *The London Medical Record* gives the following account of the researches of Faye on the secretion of milk in the new-born: He ascertained, from an examination of one hundred and twenty cases, that it was absent in six only, four being boys and two girls. The distribution of sexes in the others was nearly equal. In forty-five per cent. of the whole number it commenced on the fourth or fifth day; in the others, from the second to the tenth day, — never later, never earlier. As a rule, the secretion begins with the fall of the umbilical cord, but the author denies the existence of any casual connection between the two, as the exceptions to this coincidence are sufficiently numerous. The quantity of milk emitted is, in general, very small usually two or three drops. Genser, however, on one occasion expressed three grammes. When mastitis is produced the secretion often disappears. Milk was never found after the first five or six weeks. It is, as a rule, very alkaline, and resembles colostrum. Under the microscope it exhibits numerous granules and some fat-globules. The latter are ordinarily sparse, but occasionally are as numerous as in woman's milk. The analysis given by Genser is: casein, 0.56; albumen, 0.49; sugar, 0.96; fat, 1.46; salts, 0.83; water, 95.7. The author mentions further that the mammary gland of the male occasionally swells slightly at puberty, and may then contain one or more drops of a secretion resembling milk.

— *The Philadelphia Medical Times* for October 27, 1877, reports the success of the new plan of teaching at the university to be all that could be desired. There are one hundred and thirty first-course students entered for the three years, and the general paying class is as large as it was last year. The character of the class has much improved, the average intelligence and education of the new men being notably superior.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.]

CLINIC OF PROF. T. GAILLARD THOMAS FOR DISEASES OF WOMEN.

OCTOBER 19, 1877. *Slight Laceration of the Cervix Uteri.* — Mrs. Anne G., a native of Poland, thirty years of age. She has been married for ten years, and has had five children, but no miscarriages. The patient gives us the following history: She was perfectly well in every respect up to the time of her last confinement, which occurred four years ago, but says she has never been well since. She complains of pain in the head, back, side, and down the

leg, and of cramps in the bowels extending around to the back; she attributes all her trouble to the fact that she got up too soon after her confinement and took cold from sitting near an open window. On questioning her more particularly as to the character of the headache, we find that it seems to amount really to hemicrania, and that the pain appears to shoot down the right side of the body as far as the thigh. The menstrual flow returns every three weeks, but is not too free in quantity. She experiences no unusual suffering just before it makes its appearance, and while it continues the pain above mentioned is very much relieved. Leucorrhœa usually follows the menstrual period. Now, as our patient is evidently not the kind of woman who would manufacture complaints, let us see if we can find out anything by a physical examination to account for the symptoms of which she tells us.

Placing the patient on the back, I discovered on inserting my finger into the vagina that there was a slight laceration of the cervix uteri. The two lips of the wound were separated to a very small extent, but cicatrization had taken place, and they were everywhere covered with mucous membrane. The uterus was apparently normal in size and position. It was perfectly movable and not at all sensitive, nor could I detect a prolapsed ovary or any other source of irritation about it. Then placing the patient on her side, I introduced the probe, and ascertained positively that the uterus was in its natural position and that the canal was of the natural length. I may here explain that for the purpose of exploration I greatly prefer the light and flexible silver probe to the sound, and invariably use it unless there is some special reason for employing the latter. After the most thorough examination I was unable to discover anything abnormal whatever about any of the pelvic organs, except the old laceration of the cervix of which I have spoken. Now, have we discovered anything to account for the symptoms, or, in other words, made out a diagnosis? I tell you perfectly frankly that we have not, and that is the very point I want to make in this case, and the reason why I have brought the patient before you. A diagnosis is the discovery of a certain pathological cause for certain pathological symptoms noticed, and I would warn you never to fix upon some little epi-phenomenon, like this slight laceration of a cervix, and then declare that you have made out your diagnosis. I have made an examination with the greatest care, and have found absolutely nothing about the pelvic viscera to account for this woman's trouble. Just now, I am aware, laceration of the cervix is attracting a great deal of attention in gynecological circles; but, as is always the tendency with new things, it seems likely to assume a great deal more importance than it really deserves. It is supposed to produce very much such symptoms as we have noticed here; yet I am utterly unable to see how a slight laceration like this can be followed by such results. Suppose that this patient were in private practice, and that I should perform an operation, and then that all the symptoms should continue just the same afterward; I do not think either she or myself would be very well satisfied. I will not treat her for uterine disease for the simple reason that I have not found any. It is probable that she may have had subinvolution after her confinement, but if so, it has all passed away now. I will not attempt to make a diagnosis in this case, because it does not properly belong to our department,

but will simply say that there seems to be some intestinal trouble, the nature of which I cannot now stop to find out definitely. I remember just such a case as this being presented at the clinic a few years ago, and a fortnight afterward the woman came back with a tape-worm thirty feet long which she had passed, and which, of course, accounted for all the symptoms. Yet she had been treated for years for uterine disease. Gynecology is not without its enemies, and one great reason why it has enemies is that some of those who devote themselves to it make so much of trivial particulars; and it is to warn you against doing this that I have occupied so much of your time with this case, notwithstanding the fact that I have more interesting material outside than I can possibly present to you to-day. So I have made my point, though I have not made a diagnosis.

Phantom Tumor; Retroflexion and Prolapsed Ovary. — Delia H., a native of Ireland, and twenty-nine years of age. She has been married eleven years and has had one child, but no miscarriages. The child was born ten years ago; yet though she has been living constantly with her husband she has never been pregnant since. She says that she was quite well up to three years ago, when she began to have a "heavy drag," as she expresses it, in the pelvic region, and a good deal of pain in the back, chest, and head. The menses occur every three weeks, and during the time of their appearance, which is usually about five days, she suffers excessively. She says she is in the habit of using peppermint to relieve the pain, but she has not been obliged to resort to opium, as far as we are able to learn. During the interval she is subject to leucorrhœa, and she tells us that she suffers greatly from weakness in walking. This is all the history that she has to give us. You observe how pale and anxious she looks, as if something had been wrong for a considerable time. One thing more: she regrets that she has never had any more children, and is at a loss how to account for this fact.

The *per vaginam* examination was made precisely as in the last case in order to see whether anything could be found to account for the symptoms complained of, and I should have been very greatly disappointed if we had not found something wrong there. The persistent pain in the back, the excessive dysmenorrhœa, and the sterility all pointed strongly towards the pelvic organs. In the other case, on the contrary, the principal symptoms, the hemicrania and the cramps in the abdomen, were quite irrelevant, and the only point of any value in this connection was the fact that the pain was relieved during the menstrual flow. Now what did our examination reveal? First of all the cervix was found in its normal position and with a slight laceration, as in the preceding case. But lacerations of this kind, I would have you understand, are the rule with women who have borne children, and not the exception. Such a little nick in the cervix is in reality physiological and not pathological, and is a very different matter, I assure you, from a rent which is really entitled to be called a laceration, and which may undoubtedly be followed by serious consequences. After thus examining the cervix I carried my finger around to the back of the uterus, and there found a round and exceedingly tender mass of some size. Just anterior to it I felt a distinct bend in the uterus, so that my finger could be carried into a little fossa, as it were.

On external manipulation I discovered what appeared to be undoubtedly an ovarian cyst filling the whole abdomen. It was very firm and unyielding, but when percussion was made over it it gave everywhere a loud, drum-like resonance. At the present time you can hear this tympanitic sound distinctly, even through the patient's clothing. The tumor is perfectly globular in form, but contains nothing but air. In order to become assured of this fact I requested the patient to make a forced expiration, and at the same time pressed my hand firmly into the lower part of the abdomen. She repeated this four or five times, and each time I succeeded in pressing my hand still further in, until at last the fingers of this hand met those of the other passed into the vagina. There was, therefore, no trace of an ovarian cyst. Now if I were not positively certain here, this would be just the case for testing by anæsthetization. It would be unnecessary in the present instance, and as the patient is in a very depreciated condition of health, and lives at a considerable distance, we will dispense with it. This, then, is a case of phantom tumor. These tumors are continually being mistaken for ovarian cysts, and patients are not infrequently sent two or three hundred miles for the purpose of having ovariectomy performed, greatly to their inconvenience and anxiety, and much to the physician's mortification when the true state of affairs becomes known. Now it is principally to prevent you from making such mistakes when you get into practice that I bring this case before you. What will prevent you from sending such patients to have ovariectomy performed? Simply this: the reflection that no bag filled with water is resonant on percussion. You know how different the sound given out by a bladder filled with water is from that of one containing only air. These phantom tumors are nothing more than collections of gas accompanied by a kind of spasm of the abdominal muscles, which renders them very hard. If there is any shadow of a doubt, thoroughly anæsthetize your patient, when it will vanish, and the case be made perfectly clear.

But now let us consider a little more carefully what is the condition of affairs revealed by the examination *per vaginam* in this case. It might be that the mass which has been noted behind the cervix is a fibrous tumor, but in that case the fundus would be felt above on external palpation, and the probe or wound would indicate that the body of the organ is in its normal position or perhaps slightly anteverted. The fundus, however, cannot be thus felt, and the probe passes downwards and backwards with a pretty sharp bend. There is, then, a flexure of the uterus backward. But this is not all. The round, tense, and exceedingly sensitive mass which I have spoken of behind and below the uterus can be nothing else than one of the ovaries which has fallen down into Douglas's *cul-de-sac*. The next question that arises is, Does the condition which we have found account for the symptoms noted? and the answer is, Yes, amply. The retroflexion, no doubt, occurred immediately after the confinement ten years ago, when the uterus was large and heavy, and owing to the continuous engorgement of the organ the condition has gradually been growing more aggravated ever since. In addition there has been chronic ovaritis, and one of the ovaries, being much larger and heavier than in its normal condition, has gradually sunk lower and lower in the pelvis,

until it has slipped into Douglas's pouch. This latter occurrence probably took place about three years ago, from which time she seems to date her troubles.

In the treatment the indications are to restore the uterus to its normal position and to push up the ovary out of the cul-de-sac into which it has fallen. While in its present constrained position it is kept in a continual state of irritation and hyperæsthesia by the act of coitus, the loaded rectum, and other such agencies, from which it is free when higher up in the pelvis. Of course this woman needs the best of care, and hers is just a legitimate case for the hospital, because we have a chance to do her a great deal of good by treatment. Her looks indicate that she has been living poorly, while she requires a generous and highly nutritious diet. Above all she needs rest, and I think in two months from now, if she can be admitted to the Woman's Hospital, I can present her to you a very different looking woman from what she is to-day. A great deal of her trouble is undoubtedly due to the marked flexure of the uterus, which we have found to exist. This keeps the organ more or less engorged at all times, and at the monthly periods renders the escape of the menstrual blood exceedingly difficult, and thus gives rise to the obstinate dysmenorrhœa from which she suffers. The uterine canal in its present condition is very much like an India-rubber tube bent upon itself (so that no fluid can pass through it), and the simple indication is to straighten it, which, I cannot doubt, will result in the removal of the hyperæmia now existing, and the return of the organ to the normal fulfillment of its functions.

(To be continued.)

ABUSE OF MEDICAL CHARITIES.

MESSRS. EDITORS, — I was much interested by the manly article on the Abuse of Medical Charities, by Dr. Rogers, in the last JOURNAL, and with the editorial comments; and I hope your pages will be open to a full discussion of the subject. One point seems hardly to have been indicated, — the evil of pauperizing the population by giving people what they can afford to pay for. Nor is it made plain that if the really destitute only were aided there would be any lack of material for *thorough* clinical work. It needs to be reiterated that relief to the *poor* is not grudged by the profession. I cannot see what the question of the "ins" and the "outs" has to do with the matter. If it be true that there is an immense amount of imposition upon medical charities, the "ins" and the "outs" must pull together with a will to detect it and to provide a remedy.

S.

PROFESSOR HITCHCOCK ON PHYSICAL EDUCATION.

Messrs. Editors, — Having had the opportunity some years ago of making the acquaintance of Professor Hitchcock and the system of physical education at Amherst, and knowing how much sincere and thoughtful labor has been put into the promotion of this subject, I feel called on to join "H. D." in expressing dissatisfaction with what seems to me the unappreciative and rather ungenerous handling of Professor Hitchcock's report in the *JOURNAL* of October 25th.

Charges of sentimentality and exaggeration in statement can usually be brought against innovators in any department, but may, surely, be allowed to pass without lengthy comment when the facts and arguments that they cover are of real value.

It is claimed to have been shown at Amherst that it is possible to interest young men of college age and habits, to the benefit of their health and sense of discipline, in a sort of physical training that would seem at first unavoidably tedious; the system there adopted compares favorably with those which have been making their way more and more into the school-life of Sweden and Germany; furthermore, it may be doubted whether the teaching of physiology by models is worse than useless, and the question is certainly worthy of serious discussion.

The readers of the *JOURNAL* would, I think, have been glad to hear from it with regard to these or other points at greater length, or to learn whether in its opinion this long-continued and creditable experiment is essentially a failure; but I believe that but few were edified at being told that the style of the report, which was of general interest only as an exponent of facts, was "canting," "goody-goody," and "verbose."

J. J. P.

When we are asked to believe that great good comes from four half hours a week of gymnastic drill, from each half hour of which ten to fifteen minutes is spent in singing, dancing, tossing in a blanket, and turning somersaults, we naturally look to see whether the style of the report is straightforward or not. It is easier to be shocked at the plainness of our language than to disprove its justness — Eds.

INJURY OF MIDDLE FINGER TEARING AWAY THE EXTENSOR TENDON FROM ITS ORIGIN IN THE EXTENSOR COMMUNIS DIGITORUM.

Messrs. Editors, — Engineer George W. Edgar, steamer New Berne, aged forty years, was admitted to hospital May 9, 1876. The preceding day, while on duty, the first and second fingers of the right hand were caught by the eccentric of the engine, crushing and removing them near the second phalangeal articulations. The phalanx of the first finger could not be found, but that of the middle finger was dangling on the machinery, the entire extensor tendon of the middle finger being attached, and measuring over twelve inches in length.

The patient suffered but very little pain along the course of the tendon; no swelling of the fore-arm was observed. The stumps healed kindly, and the seaman was discharged, and returned to duty July 2, 1876.

The action of the blades of the eccentric in grinding the tendon into small fibres was well shown in the specimen, which was forwarded to the supervising surgeon-general. The foregoing memorandum is of no special interest to the annals of surgical literature except, perhaps, as a curiosity.

H. W. SAWTELLE, M. D.,
Assistant Surgeon U. S. Marine Hospital Service.

[COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING OCTOBER 27, 1877.]

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228	429	20.71	27.46
Philadelphia	850,856	266	16.26	22.88
Brooklyn	527,830	188	18.52	24.31
Chicago	420,000	118	14.61	20.41
Boston	363,940	128	18.29	23.39
Providence	103,000	39	19.69	18.54
Worcester	52,977	18	17.67	22.00
Lowell	53,678	20	19.37	22.21
Cambridge	51,572	12	12.09	20.54
Fall River	50,372	30	30.97	22.04
Lawrence	37,626	13	17.97	23.32
Lynn	34,524	22	33.14	21.37
Springfield	32,976	5	7.88	19.69
Salem	26,739	9	17.50	23.57

BOOKS AND PAMPHLETS RECEIVED. — Catalogue of Dartmouth College for 1877-78.

Lectures on Fevers. By Alfred L. Loomis, M. D. New York: William Wood & Co. 1877. (For sale by A. Williams & Co.)

Cutaneous and Venereal Memoranda. By Henry G. Piffard, M. D., and George H. Fox, M. D. New York: William Wood & Co. 1877. (For sale by A. Williams & Co.)

Twenty-Second Annual Report on Births, Marriages, and Deaths in the City of Providence for the Year 1876. By Edwin M. Snow, M. D.

The Mechanism of Joints. By Harrison Allen, M. D. (Reprinted from the Transactions of the International Medical Congress.)

The Localization of Diseased Action in the Oesophagus. By Harrison Allen, M. D. (Reprinted from the Philadelphia Medical Times.)

Note on the Anatomy of the Perineum. By Harrison Allen, M. D. (From the Transactions of the College of Physicians of Philadelphia.)

Transactions of the Texas State Medical Association. 1877.

The General Subject of Quarantine with reference to Cholera and Yellow Fever. By John M. Woodworth. (Extracted from the Transactions of the International Medical Congress.)

The Safety of Ships and those who Travel on them. By John M. Woodworth, M. D. (Read at the Annual Meeting of the American Public Health Association.)

The New Departure in Medical Teaching in the University of Michigan. By A. B. Palmer, M. D.

The St. Louis Book and News Company's Catalogue of Medical Books. 1877-78.

Transactions of the Kansas Medical Society. Lawrence, Kansas, May 9 and 10, 1877.